

CIA INTERNAL USE ONLY

SECRET

(When Filled In)

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION	DATE 23 Jan 1958	ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE		
FROM RI/SC	ROOM NO. 1012 L	TELEPHONE 8077 - 4639		

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION I

SENSITIVE				1. SOURCE DOCUMENT CGSI-3/748,194
<input checked="" type="checkbox"/> NONSENSITIVE				
NAME 1. (Last) EMEKL	(First) Rolf	(Middle)	(Title)	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Br.
NAME VARIANT				
TYPE NAME 2. 	(Last)	(First)	(Middle)	(Title)
RECORD COPY				
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2I NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2000				

PHOTO	4. BIRTH DATE	5. COUNTRY OF BIRTH	6. CITY OR TOWN OF BIRTH	7. OTHER IDENTIFICATION	8.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	10 08 12	Kreis Menz, Ruppin	1. 2. 3.	
OCCUPATION/POSITION Rocket scientist				OCC/POS. CODE	9. SCITE

SECTION II

CRYPTONYM	PSEUDONYM

SECTION III

COUNTRY OF RESIDENCE	10. ACTION DESK RI/SC	11. SECOND COUNTRY INTEREST C/RT	12. THIRD COUNTRY INTEREST	12c.
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COMMENTS:

Allegedly, Subject has been engaged in international intelligence collection. Reported as the founder of the original rocket society, Verein Fuer Raumschiffahrt.

PUNCHED

PERMANENT CHARGE	RESTRICTED FILE	SIGNATURE
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	No